NATIONAL HEALTH CARE for the HOMELESS COUNCIL

NATIONAL LGBTQIA+ HEALTH EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

Low Threshold Substance Use Support

Alex Keuroghlian, MD, MPH
Director of Education and Training Programs
The Fenway Institute

Devora Keller, MD, MPH
Director of Clinical and Quality Improvement
National Healthcare for the Homeless Council

The National LGBTQIA+ Health Education Center

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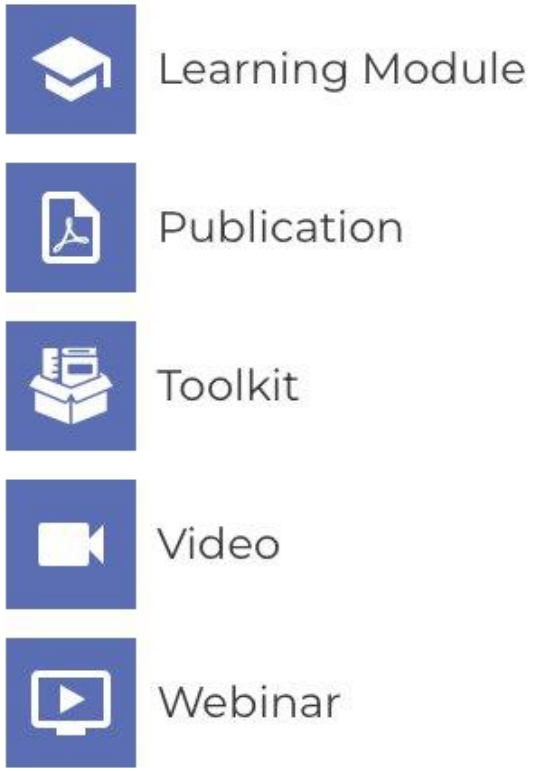
- Publications and Resources



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Other Health Professionals	Confirm equivalency of credits with relevant licensing body.

HRSA Disclaimer

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of awards as follow: National Healthcare for the Homeless Council (NHCHC) National Training & Technical Assistance National Cooperative Agreement totaling $1,967,147 with 0 percent financed with non-governmental sources and Fenway Institute National Training & Technical Assistance National Cooperative Agreement totaling for $625,000.00 with 0% financed with non-federal sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government. For more information, visit www.HRSA.gov

Land and Labor Acknowledgment

Our conversation today includes all of us, who are located across many communities.

Most of our communities reside on unceded ancestral lands or acquired by un-honored treaties. We acknowledge the people of these lands, past and present and honor with gratitude the land itself, and its people.

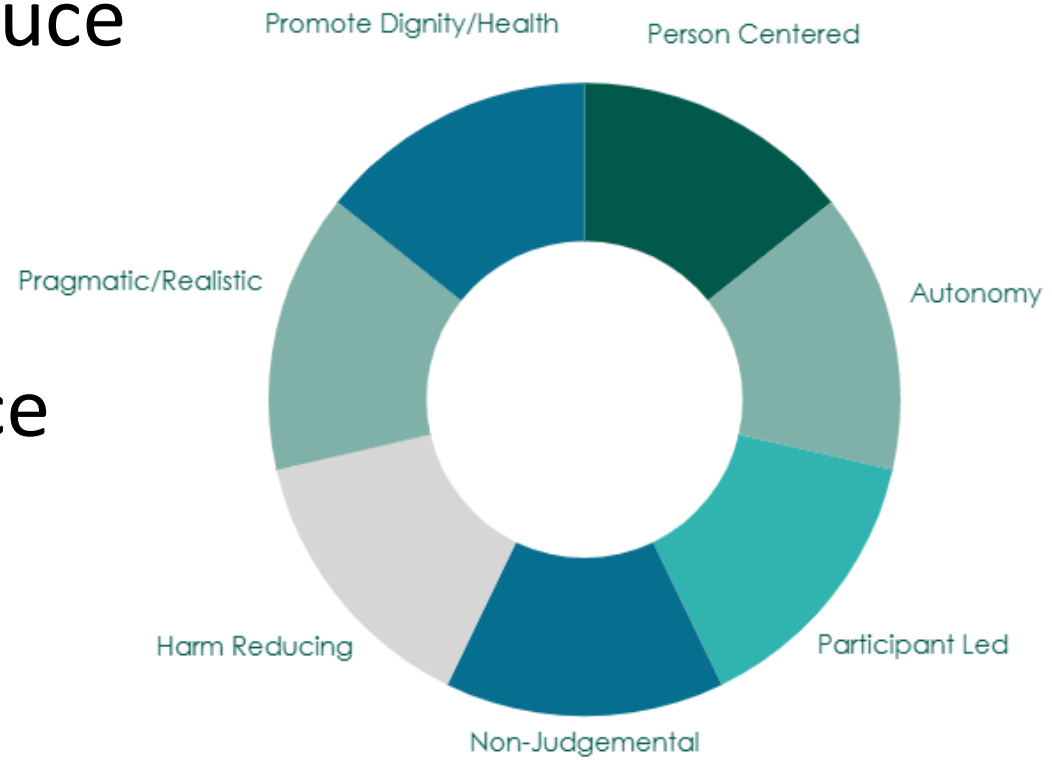
We also honor the brilliance and humanity of enslaved African, Black all immigrant labor, including voluntary, involuntary, trafficked, forced, and undocumented peoples, whose labor remains hidden in the shadows but still contributes to the wellbeing of our collective community.

Objectives

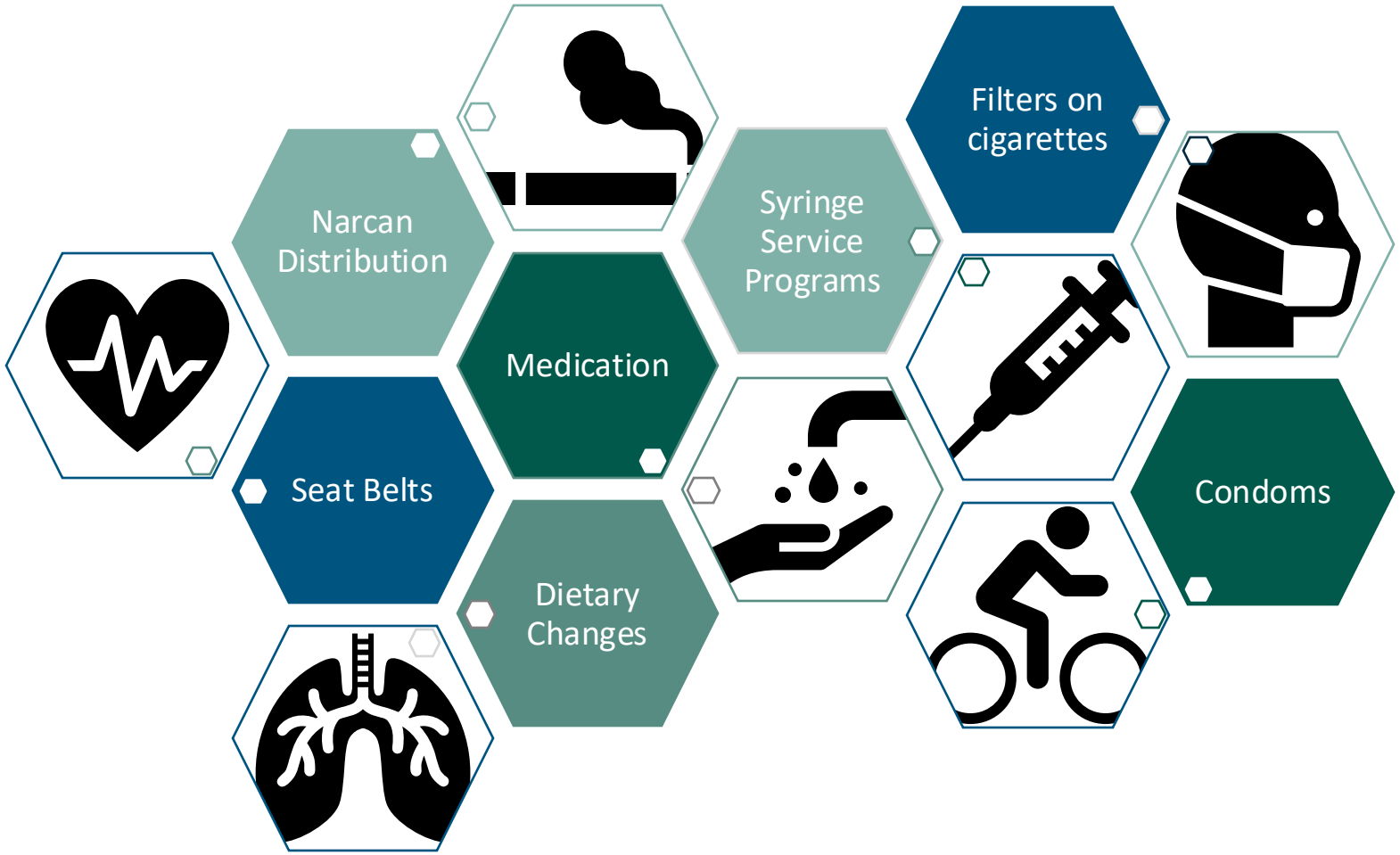
1. Recognize harm reduction as a foundational component of SUD treatment
2. Recognize how stigma, poverty, & SDOH create complex barriers to accessing SUD care in LGBTQIA+ and PEH communities
3. Describe 4 components of low barrier SUD treatment models
4. Identify approaches that health centers can take to integrate low barrier SUD care into their care models for LGBTQIA+ patients

Harm Reduction

- Anything done to eliminate or reduce the harmful or potentially deadly consequences of a behavior
- Both a ***philosophy*** and a **practice**
- Applies to <u>more</u> than just substance use
- All team members can use a harm reduction approach
- Includes efforts towards abstinence

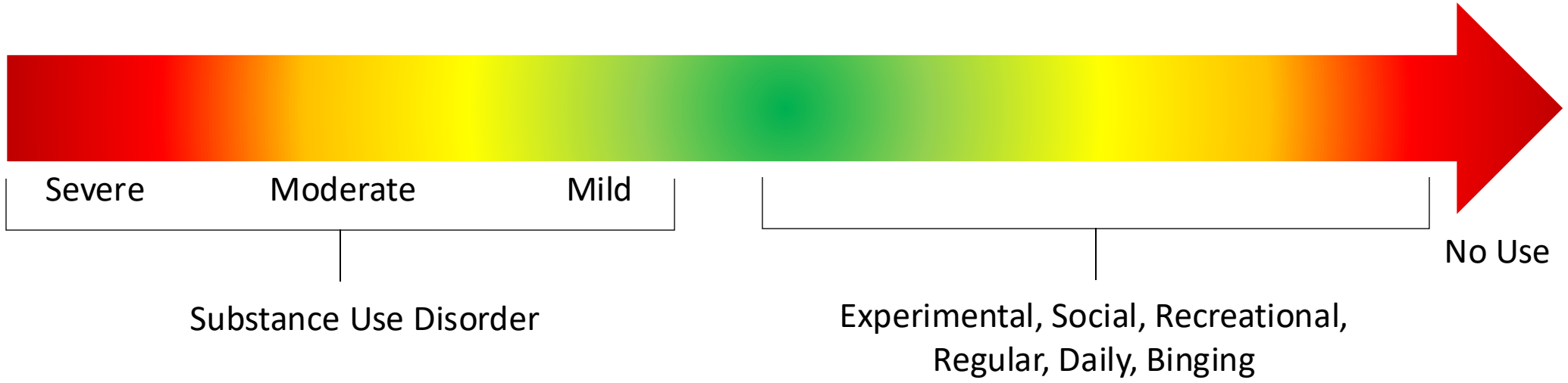


Harm Reduction in Practice



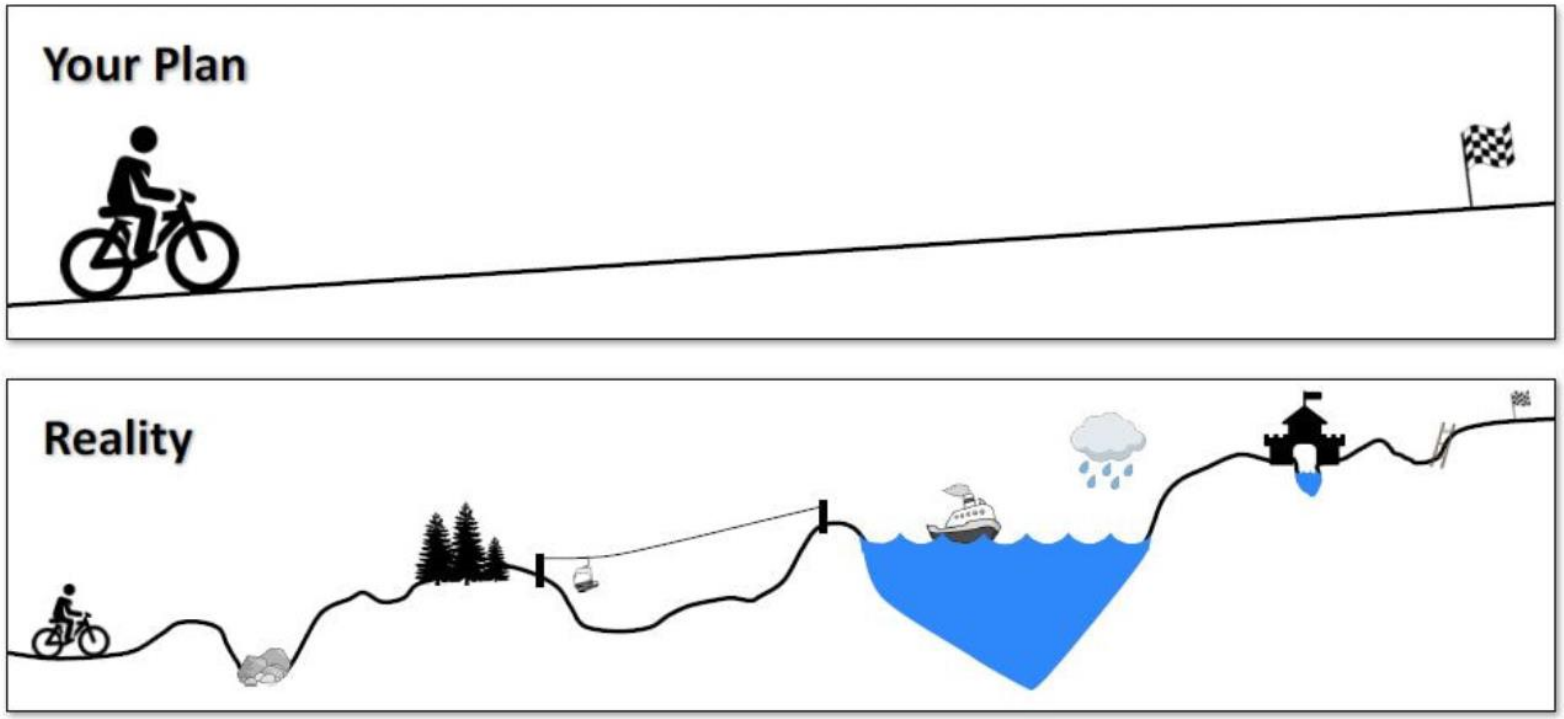
Spectrum of Substance Use

- Individuals use substances for a variety of reasons and ways
- Harmful consequences of drug use can occur across the continuum of use
- Goal is to support individuals across the continuum by taking steps to ***reduce harm***

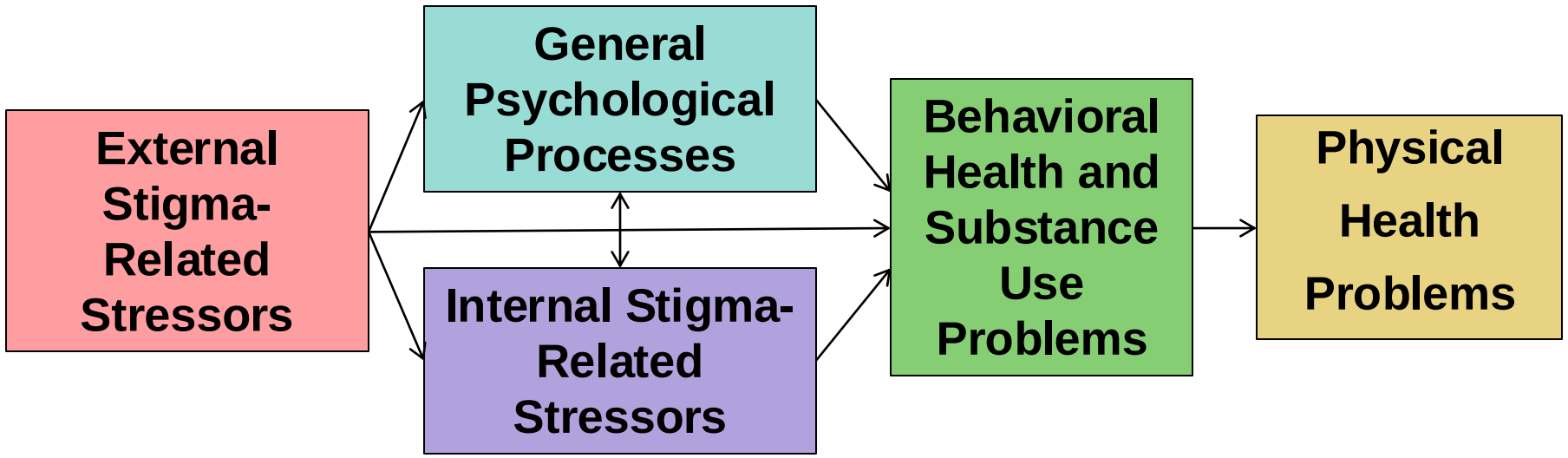


Supporting the Journey

- Progress by an inch or a mile, is still progress!
- Relapse is normal, though not inevitable, part of the process
- Harm reduction allows us a safe interaction to promote intrinsic motivation for change
- Providers meet clients “where they’re at” (while not leaving them there)



Minority Stress Framework

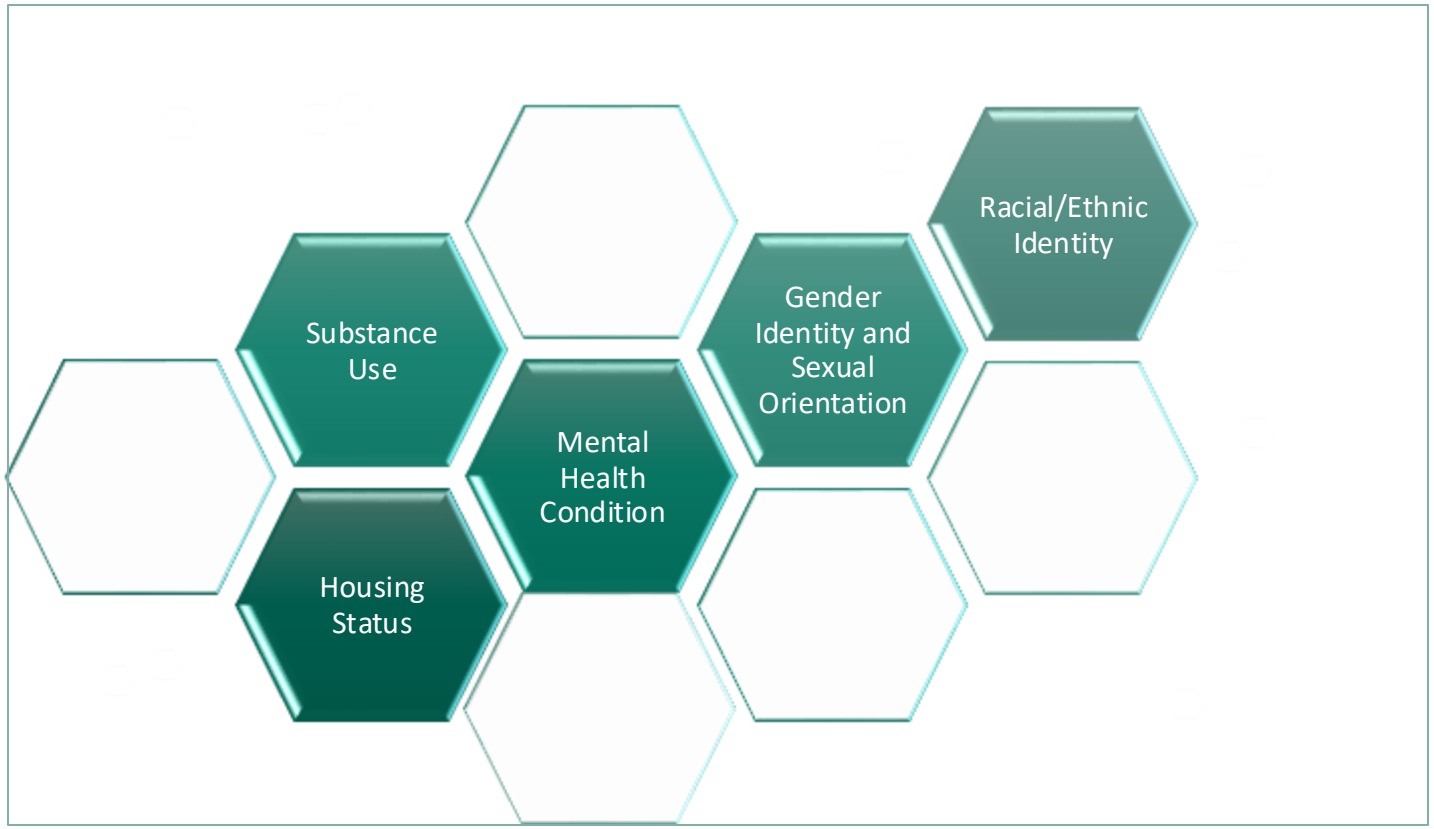


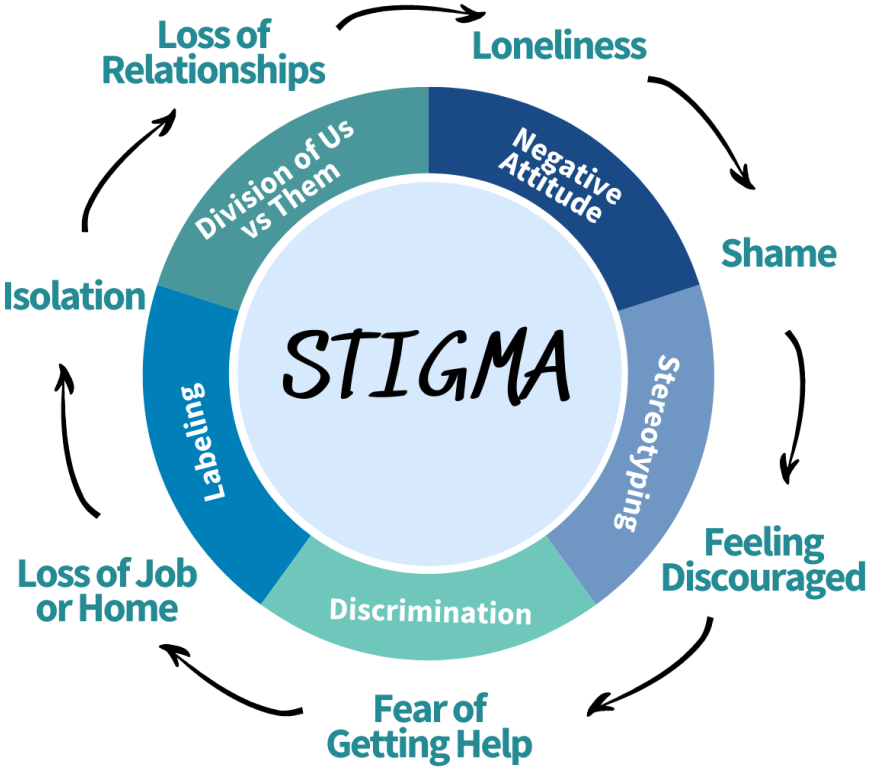
Adapted from Hatzenbuehler (2009)

Minority Stress Care Principles

- Normalize adverse impact of minority stress
- Facilitate emotional awareness, regulation, and acceptance
- Empower assertive communication
- Restructure minority stress cognitions
- Validate unique strengths of LGBTQIA+ people
- Foster supportive relationships and community
- Affirm healthy, rewarding expressions of gender and sexuality

Interpersonal and Structural Stigma are Barriers to Care

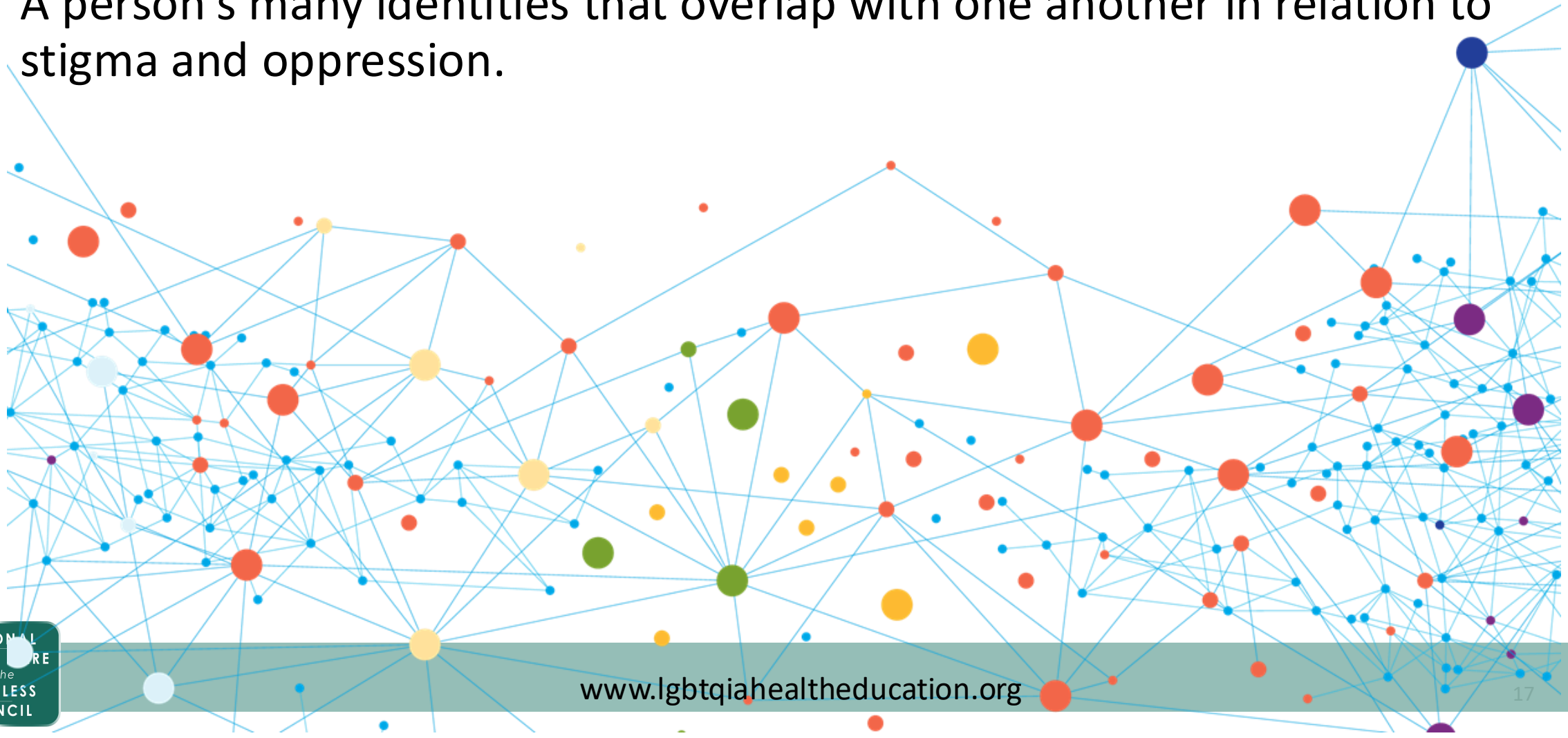




A Confluence of Factors

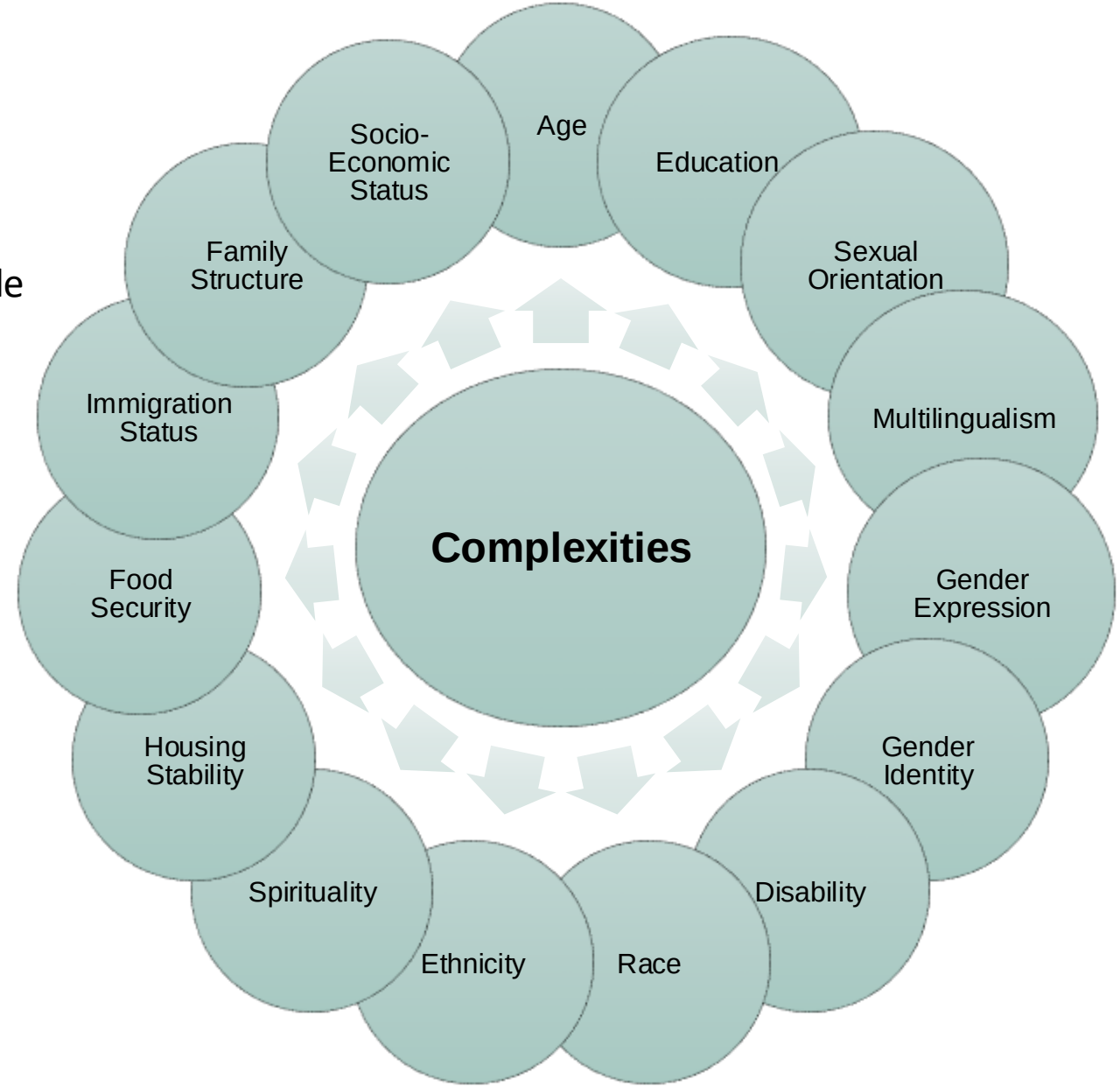
Intersectionality

A person's many identities that overlap with one another in relation to stigma and oppression.



"There is no such thing as a single-issue struggle because we do not live single-issue lives."

~Audre Lorde



Guiding Principles and Components of Low Threshold Care Models

Easy to Access

- Walk-in/same day treatment
- Multiple entry points

Easy to Return

- Low barrier to reengagement
- Reduce treatment gaps

Flexible

- No wrong door to services
- Eliminate roadblocks to tx
- Holistic care

Innovative & Responsive

- Services offered across recovery spectrum
- Invite participant design and feedback

Examples of Low Threshold Program Models

- Open Access Clinics
- Street Medicine/Mobile Health
- Shelter/PSH Based Clinical Services
- EMS/Crisis team response
- ED/Inpatient MOUD Starts
- Bridge Clinics
- Co-located Services
- Safe Recovery Services
- Telehealth Service

Examples of High Barrier Care

- Urine drug testing more frequently than clinically necessary
- Treatment contingent on abstinence
- Treatment contingent on engagement in behavioral therapy
- Program discharge due to missed appointments/late arrival
- No pathway to reengage after program discharge
- Lack of warm handoff when transitioning out of treatment

Bringing it Back to the Health Center

Adapted Clinic Procedures

- Universal Substance Use Screening
- Drop-In/Off Hour Apts
- Same Day Referrals for Medical Care
- Dedicated MOUD Phone/Inbox

Enhanced Clinical Services

- Group Visits
- Harm Reduction/SSP Supplies
- Contingency Management
- Outreach Teams

Clinical Skills and Support

- All Staff Training
- Cultivate Prescriber Champions
- Adopt Templates/Order Sets

Team based care

- Nurse driven care models
- Peer navigation
- Integrated/embedded primary care
- Strong relationships with patient centered pharmacists and specialty pharmacies

SUD Treatment in Primary Care: OUD

Buprenorphine

- Traditional/microdosing/microdosing bup starts
- In-clinic medication availability
- Long acting injectable buprenorphine (LAIB)

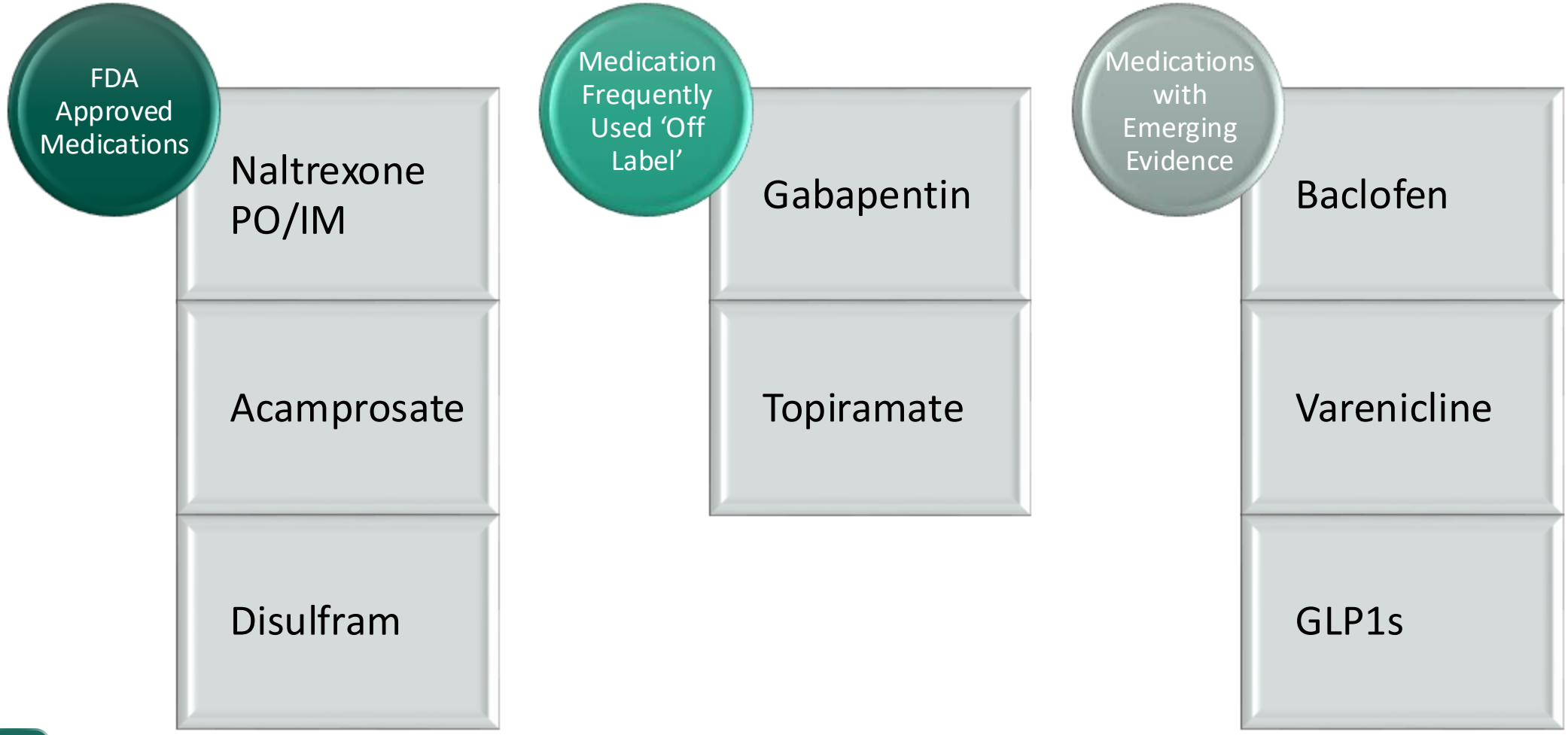
Collaborations with Methadone Clinics

- MOUs for in clinic evaluation for quick starts
- Future state – 72-hour rule

IM Naltrexone

- Caveat increased mortality compared for bup/methadone

SUD Treatment in Primary Care: AUD



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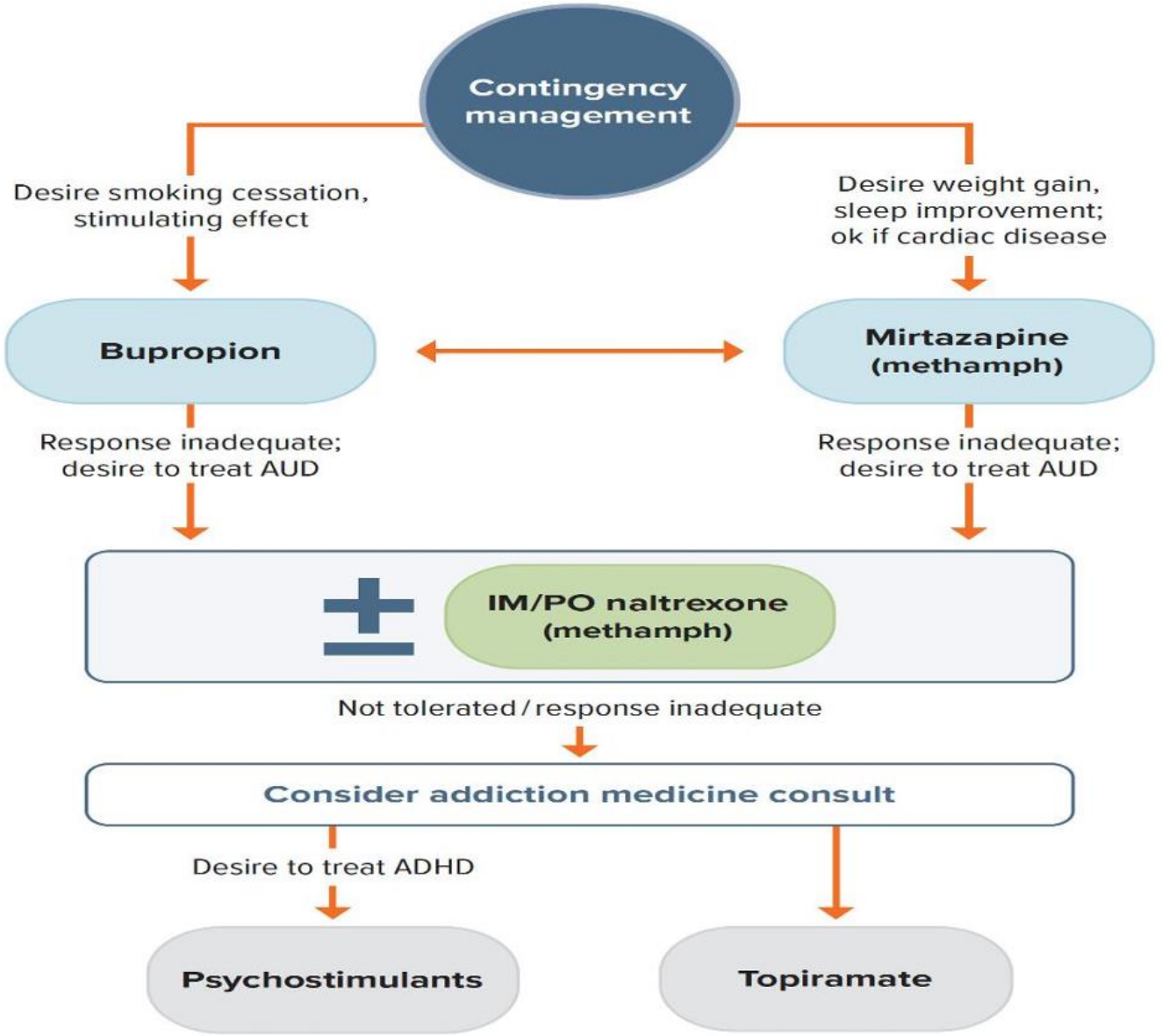
AMERSA 2024 "What's the Evidence Really?" Endowed Plenary: Updates on Alcohol Use Disorder (AUD) Treatments

SUD Treatment in Primary Care: Stimulants



[Image Curtesy of Amersa Presentation 11/15/2024 - Slide Psychostimulants-for-Stimulant.pdf]

SUD Treatment in Primary Care: Nicotine

Nicotine Replacement

- Patches/gum/lozenges/inhaler/nasal spray

Varenicline

Bupropion Sustained Release

Behavioral counselling (+/-pharmacotherapy)

Fenway Health's Model of Care for Opioid Use Disorders with LGBTQIA+ Patients

Shift from Addictions and Wellness Program within Behavioral Health Department to Harm Reduction Program within Primary Care

Buprenorphine treatment combined with individual and group therapy programs rooted in a minority stress framework

Leveraging LGBTQIA+ community solidarity as a source of resilience and self-efficacy

Cognitive Behavioral Therapy for Substance Use Disorders

- Adapting selected topics and practice exercises from the manual by Carroll
- Focus:
  - Coping With Craving (triggers, managing cues, craving control)
  - Shoring Up Motivation and Commitment (clarifying and prioritizing goals, addressing ambivalence)
  - Refusal Skills and Assertiveness (substance refusal skills, passive/aggressive/assertive responding)
  - All-Purpose Coping Plan (anticipating high-risk situations, personal coping plan)
  - HIV Risk Reduction

Girouard et al. (2019)

Cognitive Behavioral Therapy for Substance Use Disorders

- Possible tailoring for LGBTQIA+ people:
  - Minority stress-specific triggers for cravings (e.g., identity-related discrimination and victimization, expectations of rejection, identity concealment, and internalized homophobia/transphobia)
  - SUDs as barriers to personalized health goals
  - Assertive substance refusal with sex partners; HIV risk from hormone and silicone self-injections; SUDs as barriers to personalized goal of successful gender affirmation

Girouard *et al.* (2019)

Patient Story – Destiny

Destiny is a 32-year-old unhoused transgender woman receiving an estradiol-based gender-affirming care regimen at her local health center. Her primary care provider initiated oral buprenorphine for opioid use disorder. Five months later, Destiny lost touch with the health center, and soon thereafter she had a non-fatal overdose. After arriving by ambulance at the local hospital, she connected with its overdose outreach team, who facilitated restarting buprenorphine while she was in the emergency department. The community health worker on the hospital's post-overdose team assisted in relinking Destiny to her primary care provider. After this overdose experience, Destiny was interested in reengaging in care, including starting long-acting injectable buprenorphine and culturally tailored cognitive behavioral therapy for opioid use disorder.

Additional Readings

Girouard M, Goldhammer HL, Keuroghlian AS. Understanding and treating opioid use disorders in lesbian, gay, bisexual, transgender, and queer populations. *Subst Abus* 2019; 40(3): 335-339.

Arellano-Anderson J, Keuroghlian AS. Screening, counseling, and shared decision-making for alcohol use with transgender and gender-diverse populations. *LGBT Health* 2020; 7(8):402-406.

McDowell MJ, King DS, Gitin S, Miller AS, Batchelder AW, Busch AB, Greenfield SF, Huskamp HA, Keuroghlian AS. Alcohol use disorder treatment in sexually and gender diverse patients: A retrospective cohort study. *J Clin Psychiatry* 2023;84(5):23m14812.

McDowell MJ, Miller AS, King DS, Gitin S, Allen AE, Yeo EJ, Batchelder AW, Busch AB, Greenfield SF, Huskamp HA, Keuroghlian AS. Opioid use disorder treatment in sexually and gender diverse patients: A retrospective cohort study. *J Clin Psychiatry* 2024; 85(4):23m15185.

Additional Resources

Providers Clinical Support System - Medications for Alcohol Use Disorder:
https://www.pcss-maud.org/
Provider Clinical Support System – Medications for Opioid Use Disorder:
https://pcssnow.org/medications-for-opioid-use-disorder/
National Clinician Consultation Center:
https://nccc.ucsf.edu/clinical-resources/substance-use-resources/
Grayken Center for Addiction Training & Technical Assistance:
https://www.addictiontraining.org/
Bridge to Treatment
https://bridgetotreatment.org/tools/resources/

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Questions?